

Please type a plus sign (+) inside this box ☐

UTILITY

PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

END-5008CIP2

First Inventor: Mark Zeiner

Title: IMPROVED TROCAR SEAL

I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231.

Name:

Kimberly M. Moses
Kimberly M. Moses

Date:

3-31-04
March 31, 2004

Express Mail Label No.

EU617686805US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

U.S. Patent and Trademark Office
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.

3. ☒ Specification [Total Pages 17]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets 9]

5. Oath or Declaration [Total Pages 3]

a. ☒ Un - Executed Copy

b. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. ☐ Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement

(IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.

17. ☒ Application Cover Sheet
w/Express Mail Certification

18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of prior application No.: 10/687,502 filed October 15, 2003.

Prior application information: Examiner

Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **000027777** or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.

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20. TELEPHONE CONTACT: Please direct all telephone calls or facsimiles to: Dean L. Garner

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21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Dean L. Garner


Reg. No. 35,877

SIGNATURE

Dean L. Garner

DATE

March 31, 2004

 033104	17364 U.S. PTO		<i>Complete if Known</i>	
			Application Number	
			Filing Date	March 31, 2004
			First Named Inventor	Mark Zeiner
			Group Art Unit	
			Examiner Name	
			Attorney Docket Number	END-5008CIP2


FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	20 + 4 =	4	x 18.00	\$ 72.00
INDEPENDENT CLAIMS	3 + 0 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	X 280.00	
			TOTAL FEES	\$842.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END-5008CIP2/DLG in the amount of \$842.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-5008CIP2/DLG. **One Original and 2 copies of this sheet are enclosed.**

SUBMITTED BY:			<i>Complete (if applicable)</i>
Typed or Printed Name	Dean L. Garner		Reg. No. 35,877
Signature		Date: 3/31/2004	Deposit Account No. 10-0750